SIEVEKING PLASTIC SURGERY

AGELESS SOLUTIONS

THE HYPOTHYROID CRISIS:

Why Millions Remain at Risk — Even with Treatment

Your Weekly Newsletter by

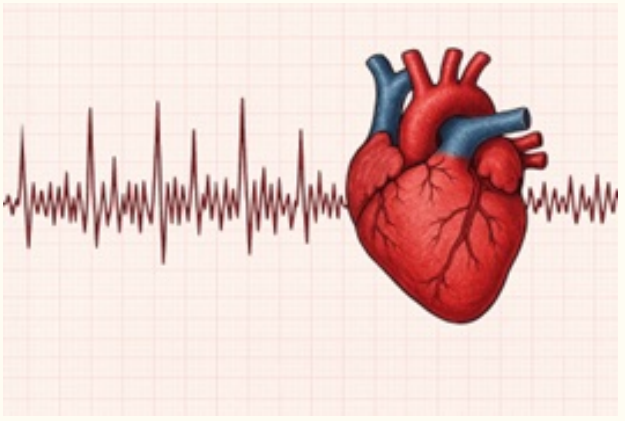
Dr. Nick Sieveking

Understanding the Hidden Dangers of Hypothyroid Disease - Even "Properly Treated" Hypothyroidism Is NOT a Benign Condition

Large studies show that patients with treated hypothyroidism still carry:

- 2.5-fold increase in all-cause mortality
- This equals a 150% higher risk of death compared to individuals without thyroid disease
- Increased risk for:
    1. Cardiovascular death
    2. Strokes
    3. Heart failure
    4. Arrhythmias
    5. Dementia (1.4-fold higher risk)
    6. Overall mortality

These risks persist even when TSH is in the "normal" range.



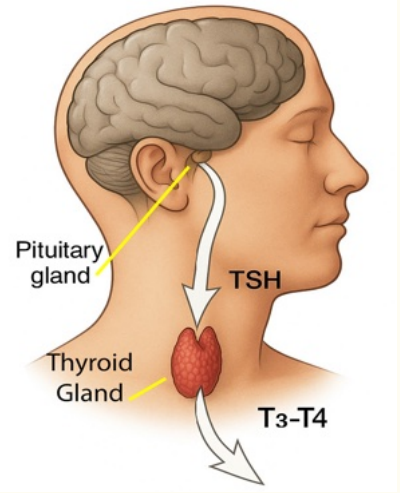
CONDITIONS COMMONLY ASSOCIATED WITH HYPOTHYROIDISM

Autoimmune thyroid disease often clusters with other autoimmune and inflammatory conditions:

- Type 1 diabetes
- Addison's disease
- Premature ovarian insufficiency
- Rheumatoid arthritis
- Lupus (SLE)
- Sjögren's syndrome
- Multiple sclerosis
- Psoriasis
- Postpartum thyroiditis
- ↑ Preeclampsia
- Depression & anxiety

- Autoimmune hypoparathyroidism
- Celiac disease
- Pernicious anemia
- Vitiligo
- Myasthenia gravis
- Miscarriage & infertility
- Cognitive dysfunction
- Chronic urticaria
- Elevated CRP / LDL
- Fibromyalgia-like pain syndromes

PRODUCTION OF THYROID HORMONE



TSH (Thyroid-Stimulating Hormone)

Signal sent from the pituitary gland telling the thyroid to make more hormone.

Thyroid Hormone Production (T3 & T4)

- T4 (≈90%)
- T3 (≈10%)
- In peripheral tissues, T4 → T3 conversion occurs.
- **Free T3 & Free T4–** the portion of the total amount of T3 and T4 in the body that is “Free” and unbound to circulating protein. This “Free” and circulating Thyroid hormone is what is active and actually exerting the desired effect on the thyroid receptors on every organ in the body.

EVERY ORGAN IN THE BODY IS INFLUENCED BY THYROID HORMONE

Thyroid Hormone Controls:

1. Metabolism
    - Low thyroid → slowed metabolism
2. Body Temperature
    - Low thyroid → low core temp, cold intolerance, cold hands/feet
3. Heart Function
    - Low thyroid → slow, weak heartbeat
4. Brain Function
    - Low thyroid → Memory loss, brain fog, low mood, depression, poor focus, sleep disturbance, early-onset dementia
5. GI Motility
    - Low thyroid → Constipation, bloating, slow transit
6. Muscle Strength & Repair
    - Low thyroid → Muscle aches, weakness, poor recovery
7. Cholesterol Metabolism
    - Low thyroid → High LDL, small dense LDL, higher risk of heart attack & stroke
8. Glucose Metabolism
    - Low thyroid → Insulin resistance, increased diabetes risk
9. Reproductive Hormone Balance
    - Low thyroid → Infertility, heavy periods, miscarriage risk
10. Skin, Hair & Nails
    - Low thyroid → Dry skin, hair loss, brittle nails

Prevalence of Hypothyroidism

- **20 million** Americans affected (4–5% of adults)
- Low Thyroid is often under-diagnosed due to symptom overlap with other disorders:

    - Adrenal insufficiency
    - Anemia (iron, B12, folate)
    - Perimenopause / menopause
    - Depression and mood disorders
    - Chronic fatigue syndrome
    - Fibromyalgia
    - Chronic kidney disease
    - Sleep apnea
    - PCOS
    - Vitamin D deficiency
    - Iodine deficiency or excess
    - Diabetes
    - Heart failure
    - Liver disease
    - Medication side effects

Women account for 80–90% of cases of Hypothyroidism

SYMPTOMS OF LOW THYROID HORMONE

Energy-Related:

-Fatigue

-Decreased stress tolerance

-Reduced stamina

-Low endurance

-Lethargy

-Long recovery after activity

-Difficulty with exertion

-Increased need for sleep

Metabolism-Related:

-Weight gain (even in the presence of diet and exercise)

-Lower than normal body temperature (less than 98.6 degrees)

-Decreased sweating (hypohidrosis)

-Slower than normal metabolism

-High cholesterol

-Lower than normal resting heart rate

Gut-Related:

-Constipation

-Diarrhea or hard/pepple stools

-Small intestinal bacterial/fungal overgrowth

-Acid reflux or low stomach acid

-Colitis

-Painful urination/bladder urgency

-Reduced urine production

-Malabsorption of nutrients

-Vitamin B12/iron deficiency

-Decreased bowel sounds

Heart-Related:

-Higher risk of heart attack

-High cholesterol

-Heart palpitations

-Atrial fibrillation

-Congestive heart failure

-Plaque build-up

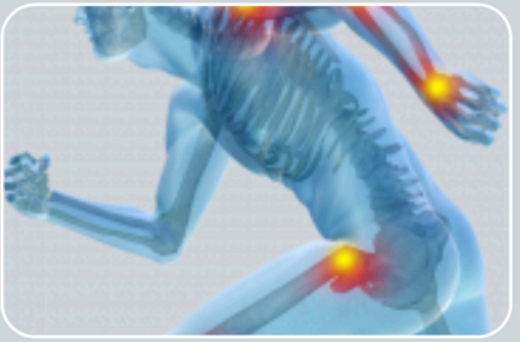
-High blood pressure

-Orthostatic hypotension

-Heart enlargement on X-ray

Long-normal intervals on ECG

Dizziness



Hair, Skin, Nails-Related:

-Dry, cold, or pale skin
-Hair loss
-Hives or scaling skin
-Acne or pimples
-Edema
-Brittle or cracked nails
-Facial swelling
-Decline in collagen
-Accelerated aging / wrinkling

Bone, Muscle & Joint-Related:

-Muscle aches or joint pain
-Osteoporosis (major bone loss)
-Osteopenia (minor bone loss)
-Muscular weakness
-Carpal tunnel syndrome
-Stiffness and reduced mobility
-Frozen shoulder
-Numbness in the hands or feet
-Sensitivity to cold

Brain-Related:

-Depression or anxiety
-Bipolar disorder
-Inability to concentrate or focus
-Forgetfulness or brain fog
-Memory problems
-Delayed reflexes
-Irritability
-Slow speech
-Increased risk of seizures
-Poor motor coordination

Sleep-Related:

-Insomnia
-Difficulty falling asleep
-The need to sleep
-Restless leg syndrome
-Sleep apnea
-Daytime sleepiness
-Altered circadian rhythm
-Night sweats
-Cold sensitivity

TYPES OF HYPOTHYROIDISM

1. Autoimmune Hypothyroidism (Hashimoto's — 60%)

- Up to 60% are **TPO antibody** positive
- Chronic autoimmune destruction of the thyroid gland

2. Non-Autoimmune Hypothyroidism (40%)

Causes include:

- Thyroid surgery or Radioactive Iodine
- Congenital defects
- Pituitary or hypothalamic dysfunction
- Iodine imbalance
- Medications
- Severe illness
- Infiltrative diseases
- Transient thyroiditis

Why TPO Antibodies Matter

- TPO = Thyroid Peroxidase, an enzyme required for thyroid hormone production
- Presence of TPO antibodies = systemic inflammation
- 30% of TPO-positive patients have antibodies to other organs
- Correlates strongly with multi-system autoimmune risk

AGELESS SOLUTIONS APPROACH TO HYPOTHYROID MANAGEMENT

1. Normalize Free T4 Level (Goal: 0.8–1.8 ng/dL)

- T4-only therapy (Levothyroxine/Synthroid)
- Combination T3-T4 therapy (Armour, NP Thyroid)
- T3-only therapy (Liothyronine)

2. Normalize TSH (4.5 mU/L)

- Usually corrects once **Free T4** level is optimized
- TSH rises ~1 point per decade after age 50
    - Example: A TSH of 7.5 in an 80-year-old may be physiologically normal

3. Reduce TPO Antibody Levels

- Optimize thyroid hormone levels
- **Reduce systemic inflammation**

4. Treat Systemic Inflammation

- **Vitamin D**
- Target: 50–80 ng/mL
- Strong correlation with autoimmune activity and TPO elevation

- **Selenium (200 mcg/day)**
- Lowers TPO antibodies
- Supports T4 → T3 conversion
- Antioxidant protection for thyroid tissue

- **Myo-Inositol + Selenium**
- One of the few combinations proven to lower TSH and TPO

- **Omega-3 Fatty Acids (EPA/DHA)**
- 1–2 g/day
- Reduces inflammation & cardiovascular risk

Anti-Inflammatory Diet

Focus on:

- Wild fish, olive oil, avocado
- Cooked cruciferous vegetables

- Berries
- Nuts & seeds
- Lean protein

Avoid:

- Seed oils
- Excess sugar
- Processed foods
- Gluten (strong correlation with Hashimoto's)

Gut Health Optimization

- Probiotics
- Prebiotics (inulin, resistant starch)
- Treat SIBO (small intestinal, bacterial overgrowth) when present

Note: Gut inflammation worsens autoimmune thyroid inflammation.

- **Stress Reduction / Cortisol Regulation**
- Breathwork/Meditation/Yoga
- Strength + zone 2 exercise
- Sauna
- Sleep optimization
- Adaptogenic Herbs
    - Licorice Root
    - Ashwagandha
    - Ginseng
    - Rhodiola
    - others

- **Additional Support**
- Zinc (15–30 mg/day)
- Curcumin (high-bioavailability)
- Magnesium (200–400 mg at bedtime)
- Minimize environmental toxins (BPA, phthalates, fluoride, mercury)
- **Low-Dose Naltrexone (LDN) 1.5–4.5 mg nightly**
    - **Lowers TPO**
    - **Improves energy, cognition, inflammation**

AGELESS SOLUTIONS SPOTLIGHT:
LIPIDS & CARDIOVASUCLAR RISK IN HYPOTHYROIDISM

Hypothyroid patients have increased:

- Small dense LDL
- ApoB
- Inflammatory lipid profiles

Even with thyroid medication, cholesterol may not fully normalize.

Every hypothyroid patient should have:

- An expanded cholesterol panel, including ApoB, LDL particle size, Lp(a), and hs-CRP

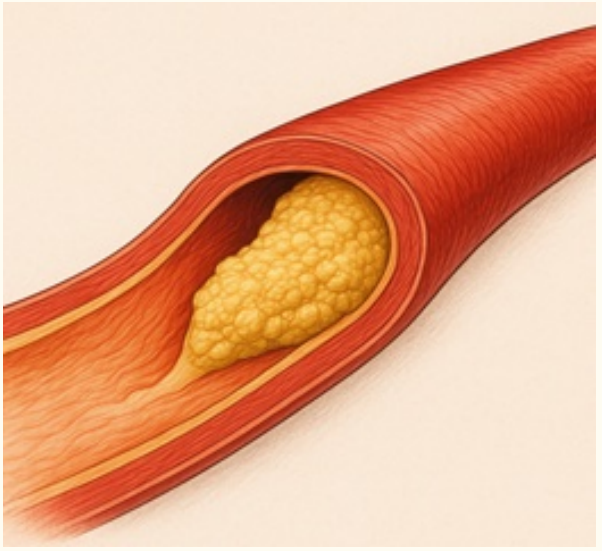
TREATMENT OPTIONS FOR HIGH "BAD" LDL / ApoB

Pharmaceutical Therapies

1. Ezetimibe — first line
2. Statins — second line
3. PCSK9 inhibitors (Repatha) — most potent

Nutraceutical Therapies

1. Niacin
2. Omega-3 fish oils
3. Red yeast rice
4. Soluble fiber (psyllium, inulin)
5. CoQ10 (especially if statins are used)



CORONARY ARTERY CALCIUM SCORE (CAC SCAN)

- Measures calcified plaque in coronary arteries
- Low radiation, no contrast
- Calcium = evidence of chronic, healed plaque
- Strongest non-invasive predictor of future heart attack

If CAC is elevated, patients need:

1. Nutraceutical intervention
2. Pharmaceutical therapy
3. Strict lifestyle modifications
4. Possible cardiology referral

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Stay Tuned!

Be on the lookout for next week's newsletter, "A Deeper Focus on Aesthetic Lower Eyelid Surgery."

Schedule Appointment

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